| Please read instructions on r | everse before completing fo | rm. | | | | | | | | |
|--|---|--------------------------------|---|-------------------------|--|--|--|--|--|--|
| | United State | Registration | OPP Identifier Number | | | | | | | |
| ⊕EPA | Environmental Protect | ction Agency | Amendment | | | | | | | |
| VLIA | Washington, DC | | × Other | | | | | | | |
| | | | | | | | | | | |
| 4 Common /Droduct Number | | ation for Pesticide - Se | | Dran and Classification | | | | | | |
| Company/Product Number 100-791 | | | 2. EPA Product Manager 3. Proposed Classifi Ms. Hope Johnson | | | | | | | |
| Company/Product (Name) | | PM# | | | | | | | | |
| Mefenoxam Technical Team # 21 | | | | | | | | | | |
| 5. Name and Address of App | Review. In accordance with FIFR | A Section 3(c)(3) (b)(i), my | | | | | | | | |
| Syngenta Crop Protect P. O. Box 18300 | tion, LLC | product is similar | product is similar or identical in composition and labeling to: | | | | | | | |
| Greensboro, NC 274 | 19 | EPA Reg. No. | EPA Reg. No. | | | | | | | |
| Check if this | is a new address | Product Name | | | | | | | | |
| | | Section - II | | | | | | | | |
| | | Section - II | | | | | | | | |
| Amendment - Explain I | pelow. | | Final printed labels in response to | | | | | | | |
| Resubmission in respo | nse to Agency letter dated | | Agency letter dated "Me Too" Application. | | | | | | | |
| | | | Other Fundain halann | | | | | | | |
| Notification - Explain b | eiow. | X | Other - Explain below. | | | | | | | |
| Explanation: Use additiona | I page(s) if necessary. (Fo | or Section I and Section II.). | | | | | | | | |
| Synganta Cran Bratast | ion IIC notitions for a | talaranaa far Mafana | vom Tochnical (EDA Por | n No. 100 701) in or | | | | | | |
| | | | xam Technical (EPA Reg wer, forage; and Sunflow | | | | | | | |
| existing data. | 20, except cotton, un | idelinited Seed, Odrino | wer, rorage, and ourmow | ci, secu, basca oii | | | | | | |
| Chisting data. | | | | | | | | | | |
| | | Section - III | | | | | | | | |
| 1. Material This Product Wil | l Be Packaged In: | | | | | | | | | |
| Child-Resistant Packaging Yes* | Unit Packaging Yes | Water Soluble Pack | aging 2. Type of Conta | | | | | | | |
| x No | x No | x No | Plas | | | | | | | |
| | 16 (6) (2) | 16 (0/ 1) | Gla | | | | | | | |
| *Certification must be submitted | If "Yes" No. p Unit Packaging wgt. Cont | | If "Yes" No. per Paper Unit Packaging wgt. container Othe | | | | | | | |
| | | | | · · · // | | | | | | |
| Location of Net Contents Ir | nformation 4. S | Size(s) Retail Container | 5. Location of Labe | Directions | | | | | | |
| x Label Co | ontainer Bulk | | | g accompanying product | | | | | | |
| 6. Manner in Which Label is A | Affixed to Brodust | Lithagraph | x Other Pressure Sensitive | | | | | | | |
| 6. Manner in Which Label is A | Milixed to Product | Lithograph Paper glued | x Other <u>Pressure Sensitive</u> | | | | | | | |
| | | Stenciled | | | | | | | | |
| | - | Section - IV | | - | | | | | | |
| | ems directly below for identific | | cted, if necessary, to process this | | | | | | | |
| Name Tammy Tyler, Ph. D. | | Title Regulatory Produc | · | No. (Include Area Code) | | | | | | |
| rammy rylon, r m D | (| Certification | A manager 000 002 | 6. Date Application | | | | | | |
| | s I have made on this form and owingly false or misleading sta | | | Received (Stamped) | | | | | | |
| both under applicable law. | | | | | | | | | | |
| 2. Signature | | 3. Title | | | | | | | | |
| Thermmy Sy | Cer- | Regulatory Product Manager | | | | | | | | |
| Commy 2 | | | - | | | | | | | |
| 4 | | 5. Date | | | | | | | | |
| 4. Typed Name 5. Date 7/23/2014 | | | | | | | | | | |

4. Typed Name
Tammy Tyler, Ph. D.

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.

| \$EPA | United States | | | | Registratio | | OPP Identifier Number | |
|--|---|--|--|---|------------------|--|--|--|
| • | | | | Amendment | | Notification | | |
| | Washington, DC 20460 X Other | | | | | | | |
| | | pplication f | or Pesticide - Se | | | | | |
| 100-791 M | | | | 2. EPA Product Manager 3. Proposed Clas Ms. Hope Johnson | | | | |
| . Company/Product (N Mefenoxam Technica | PM# 21 | | 1 | None Restricte | | | | |
| Syngenta Cr P. O. Box 18 | |) | product is similar | | | | A Section 3(c)(3) (b)(i), reling to: | |
| Greensboro, | | | EPA Reg. No. | | | | | |
| Cneck | cif this is a new address | | Product Name | - | | | | |
| | | | Section - II | | | | | |
| Amendment - Explain below. Resubmission in response to Agency letter dated | | | | Final printed labels in response to Agency letter dated "Me Too" Application. | | | | |
| x Notification - Exp | plain below. | | | Other - | Explain below | | | |
| xplanation: Use add | litional page(s) if necessary | (For Section | on Land Section II.) | | | | | |
| onfidential statement of for nderstand that if this notific | at with the provisions of PR Notice rmula of this product. I understand eation is not consistent with the ter enalties under sections 12 and 14 of | l that it is a viola rms of PR Notic | tion of 18 U.S.C. Sec. 1 | 001 to w | illfully make an | y false statem | | |
| _ | | | | | | | | |
| Made 1171 | - MUD D D | (| Section - III | | | | | |
| Child-Resistant Packaging Yes* No Certification must | g Unit Packaging Yes No If "Yes" Unit Packaging wgt. | | Water Soluble Pack Yes No If "Yes" Unit Packaging wgt. | kaging No. pe contair | r | ype of Conta Me Pla Gla Pa | of FIFRA and I may be substance in a | |
| child-Resistant Packaging Yes* No Certification must Se submitted | Unit Packaging Yes No If "Yes" Unit Packaging wgt. | No. per Container | Water Soluble Pack Yes No If "Yes" | No. pe | r ner | ype of Conta Me Pla Gla Pa | ainer etal estic ess per per (Specify) | |
| Child-Resistant Packaging Yes* No Certification must See submitted | Unit Packaging Yes No If "Yes" Unit Packaging wgt. | No. per Container | Water Soluble Pack Yes No If "Yes" Unit Packaging wgt. | No. pe | r ner | ype of Conta Me Pla Gla Pa Oth tion of Labe | ainer etal estic ess per ner (Specify) | |
| Child-Resistant Packaging Yes* No Certification must be submitted Location of Net Conte | Unit Packaging Yes No If "Yes" Unit Packaging wgt. | No. per Container | Water Soluble Pack Yes No If "Yes" Unit Packaging wgt. Retail Container | No. pe | r ner | ype of Conta Me Pla Gla Pa Oth otion of Labe On Labelin | ainer etal estic ess per ner (Specify) | |
| Child-Resistant Packaging Yes* No Certification must be submitted Location of Net Conte | Unit Packaging Yes No If "Yes" Unit Packaging wgt. ents Information Container | No. per Container 4. Size(s) F Lithog Paper Stence | Water Soluble Pack Yes No If "Yes" Unit Packaging wgt. Retail Container | No. pe | r ner 5. Loca | ype of Conta Me Pla Gla Pa Oth otion of Labe On Labelin | ainer etal estic ess per ner (Specify) | |
| Child-Resistant Packaging Yes* No Certification must be submitted B. Location of Net Conte Label C. Manner in Which Lab | Unit Packaging Yes No If "Yes" Unit Packaging wgt. ents Information Container Del is Affixed to Product | No. per Container 4. Size(s) F Lithog Paper Stence dentification of a | Water Soluble Pack Yes No If "Yes" Unit Packaging wgt. Retail Container Iraph glued illed Section - IV | No. pe contain | 5. Loca | ype of Conta Me Pla Gla Pa Oth Ition of Labe On Labelin Sensitive | ainer etal astic ass per ner (Specify) I Directions ag accompanying produc | |

Regulatory Product Manager

5. Date

March 11, 2015

Tammy Tyler
EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.

Tammy Tyles

4. Typed Name

| Please read instructions on reverse before completing form. | | | | | | | | | |
|---|--|---------------------------------|-------------------|---|--|--|--|--|--|
| United States | | | | egistration | OPP Identifier Number | | | | |
| ⊕EPA | Environmental Protection | on Agency | X A | mendment | | | | | |
| VEIA | Washington, DC 20460 | | | ther | | | | | |
| Application for Pesticide - Section I | | | | | | | | | |
| 1. Company/Product Number | 2. EPA Produ | | er 3. | Proposed Classification | | | | | |
| 100-791 | Mr. Tony Kish | n/Ms. Bar | rbara | | | | | | |
| | | Madden | | | | | | | |
| 4. Company/Product (Name) | | PM# | | | | | | | |
| Mefenoxam Technical | | 22 | | | | | | | |
| Name and Address of Applie Syngenta Crop Pro | • | | | In accordance with ntical in compositior | FIFRA Section 3(c)(3) (b)(i), and labeling to: | | | | |
| P. O. Box 18300 | Steelien, LLC | | | | | | | | |
| Greensboro, NC 2 | 27419 | EPA Reg. No. | | | | | | | |
| Check if this i | Product Name | | | | | | | | |
| | | | | | | | | | |
| Section - II | | | | | | | | | |
| X Amendment - Explain below. Final printed labels in response to Agency letter dated | | | | | | | | | |
| Resubmission in response to Agency letter dated "Me Too" Application. | | | | | | | | | |
| Notification - Explain below. Other - Explain below. | | | | | | | | | |
| Explanation: Use additional page(s) if necessary. (For Section I and Section II.). | | | | | | | | | |
| Syngenta Crop Protection, LLC, herewith authorizes the Registration Division of the Office of Pesticide Programs of the Environmental Protection Agency to refer to all Mefenoxam or Metalaxyl data submitted by Syngenta which are considered necessary to support the IR-4 petition for residue tolerances of Mefenoxam use on wasabi, cacao bean and crop group expansion from kiwifruit to Fruit, small, vine climbing, except grape, Crop subgroup 13-07E. | | | | | | | | | |
| Section - III | | | | | | | | | |
| 1. Material This Product Will | | | | | | | | | |
| Child-Resistant Packaging Yes* No | Unit Packaging Yes X No | Water Soluble Pac Yes X No | kaging | 2. Type of C | Container Metal Plastic Glass | | | | |
| *Certification must be submitted | If "Yes" No. per Unit Packaging wgt. Contain | If "Yes" er Unit Packaging wgt. | No. per container | r | Paper Other (Specify) | | | | |

| be submitted | Unit Packaging wgt. Co | ontainer | Unit Packaging wgt. | container | | Oth | er (Specify) | |
|--|----------------------------|--------------------|---|----------------|---------|----------|--|--|
| Location of Net Contents Information X Label Container 1 F | | X On Label | | | | On Label | Directions g accompanying product | |
| 6. Manner in Which Label is Af | | Litho | Lithograph OtherPRESSURE SENSITIVE Paper glued Stenciled | | | | | |
| | | | Section - IV | | | | | |
| Contact Point (Complete ite Name Tammy Tyler | ms directly below for iden | tification | of individual to be conta Title Regulatory Produc Regulatory Affairs | ct Manager | | | No. (Include Area Code) | |
| I certify that the statements I I acknowledge that any know both under applicable law. | have made on this form a | | ion achments thereto are tr | ue, accurate a | and com | | 6. Date Application Received (Stamped) | |
| | | | 3. Title Regulatory Product Manager Regulatory Affairs Department | | | | | |
| 4. Typed Name Tammy Tyler | 5. July | Date / 24, 2017 | | | | | | |
| EPA Form 8570-1 (Rev. 8-94) Pre | evious editions are obsole | ete. | | | | | | |

| Please read instructions on re | everse before completing form | n. | | | | | |
|---|---|---------------------------------|-------------------|-----------|---|------------|--|
| | United States | | | | | | OPP Identifier Number |
| ⊕EPA | Environmental Prote | Environmental Protection Agency | | | | | |
| VEIA | Washington, DC 20460 | | | | Other | | |
| | Applic | ation for P | esticide - Se | oction | 1 | | |
| Company/Product Number | | | 2. EPA Produ | | | 3. Pro | posed Classification |
| 100-791 | | I | Mr. Nathan M | | | | |
| Company/Product (Name Mefenoxam Techni | _ · | PM# X None Restricted | | | | | |
| Syngenta Crop I P. O. Box 18300 |) | ľ | my product is sin | | w. In accordance identical in compo | | RA Section 3(c)(3) (b)(i), d labeling to: |
| Greensboro, NC | 27419 | [| EPA Reg. No. | | | | |
| Check if th | is is a new address | ı | Product Name | | | | |
| | | Sect | ion - II | | | | |
| x Amendment - Explair | n below. | | | | rinted labels in res | sponse to | 1 |
| Resubmission in resp | oonse to Agency letter dated | | _ 🗆 | | y letter dated oo" Application. | _ | |
| Notification - Explain | below. | | | Other - | Explain below. | | |
| Explanation: Use addition | nal page(s) if necessary. (Fe | or Section I a | and Section II.) |). | | | |
| | for the rav | v material | | | | oplier, | used in |
| | | Sect | ion - III | | | | |
| Material This Product V Child-Resistant Packaging | /ill Be Packaged In: Unit Packaging | I 10/ | ater Soluble Pac | koging | 2. Type | e of Conta | ninor |
| Yes* | Yes | | Yes | Mayiriy | 2. Type | Me | |
| No | X No | X | No | | X | _ | stic |
| *Certification must | If "Yes" No. | per If "Ye | es" | No. pe | er — | Gla Par | |
| be submitted | | | Packaging wgt. | contai | | _ | ner (Specify) |
| Location of Net Contents | Information 4. | Size(s) Retail | Container | | 5. Location | n of Labe | I Directions |
| X Label (| X On Label | | | | | | |
| 6. Manner in Which Label is | Affixed to Product | Lithograph | | | OtherPRESSU | JRE | |
| | | Paper glue | н | (| SENSITIVE | | |
| | | Stenciled | | | | | |
| 4 Contact Daint (Commission | :4 | | on - IV | 41 :6 | | 4l-i- | |
| 1. Contact Point (Complete Name | items directly below for identifi | Title | dual to be coma | acteu, II | | | No. (Include Area Code) |
| Nestor Algarin | | | latory Produ | ct Mar | | 36-632- | -2106 |
| | its I have made on this form and nowingly false or misleading sta | | | | | te. | 6. Date Application Received (Stamped) |
| 2. Signature | - | 3. Title | | | | | 1 |
| yest Han | Regulato | ry Product M | anage | er | | | |
| 4. Typed Name 5. Date Nestor Algarin July 13, 2021 | | | | | | | |

Nestor Algarin
EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.

| Please read instructions on reve | erse before completing for | m. | | | | | | |
|--|--------------------------------|-------------|---|----------|-----------------------|---------------------|--|--|
| | | | Registrat | tion | OPP Identifier Number | | | |
| Environmental Protection Age | | | ency | x | Amendme | ent | | |
| | | | Other | | | | | |
| | Applic | ation for | Pesticide - Sec | ction | I | l | | |
| Company/Product Number 100-791 | • | | 2. EPA Produc Ms. Cynthia G | ct Mana | ager | 3. Pro | posed Classification | |
| 4. Company/Product (Name) PM# X None Restrict | | | | | | | None Restricted | |
| Mefenoxam Technical Branch Chief 5 Name and Address of Applicant (Include ZIP Code) 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), | | | | | | | | |
| Name and Address of Applicant (Include ZIP Code) Syngenta Crop Protection, LLC P. O. Box 18300 | | | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: | | | | | |
| Greensboro, NC | 27419 | | EPA Reg. No. | | | | | |
| Check if this | is a new address | | Product Name | | | | | |
| | | Se | ction - II | | | | | |
| x Amendment - Explain b | elow. | | ☐ F | Final pr | rinted labels | in response to |) | |
| Resubmission in respon | nse to Agency letter dated _ | | | | letter dated | | | |
| Notification - Explain be | | | | | Explain bel | | | |
| | | | | Julei - | Lxpiaiii bei | ow. | | |
| Explanation: Use additional | page(s) if necessary. (F | or Section | I and Section II.). | | | | | |
| Syngenta Crop Protection, and Mefenoxam in or on C 20C in addition to 6B and | crop Groups 4 and 5 to | Crop Gro | up 4-16A, 4-16B | 3, 5-16 | 6, 22A an | d 22B, also | | |
| | | Se | ction - III | | | | | |
| 1. Material This Product Will | | | | | | | | |
| Child-Resistant Packaging Yes* | Unit Packaging Yes | | Water Soluble Pack | aging | 2. | Type of Cont | | |
| No | X No | | X No | | | Pla | astic | |
| *Certification must | If "Yes" No. | per If | "Yes" | No. pe | er | | ass per | |
| be submitted | Unit Packaging wgt. Cor | ntainer Ur | nit Packaging wgt. | contai | ner | Ot | her (Specify) | |
| Location of Net Contents In | formation 4. | Size(s) Ret | ail Container | | | ocation of Labe | el Directions | |
| X Label Con | ntainer | | | | X | On Label On Labelir | ng accompanying product | |
| 6. Manner in Which Label is A | | | | | | | | |
| Paper glued SENSITIVE | | | | | | | | |
| | | Stenciled | | | | | | |
| 1 Contact Point (Complete it | ome directly holow for identi | | ction - IV | stad if | nococcan | to process this | application \ | |
| Contact Point (Complete ite Name | ems directly below for identii | Title | | iteu, ii | necessary, i | | No. (Include Area Code) | |
| Nestor Algarin | | | gulatory Produc | t Man | ager | 336-632 | -2106 | |
| I certify that the statements I acknowledge that any kno both under applicable law. | | | | | | | 6. Date Application Received (Stamped) | |
| 2. Signature 3. Title | | | Э | | | | | |
| yest Stan | tory Product Ma | nage | r | | | | | |
| 4. Typed Name 5. Date Nestor Algarin November 23, 2021 | | | | | | | | |

4. Typed Name
Nestor Algarin
EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.